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1	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
•	09/875,228	06/05/2001	Dc Chao Yu	CELL119.3US	8799

TITLE OF INVENTION: HUMAN GLANDULAR KALLIKREIN ENHANCER, VECTORS COMPRISING THE ENHANCER AND METHODS OF USE THEREOF

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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EXAMINER		ART UNIT		CLASS-SUBCLASS	]	
SCHNIZER,	RICHARD A	1635		536-024100	_	
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## FEB 1 5 2005 W

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Fee \$125 
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 Serial No.
 09/875,228

 Filing Date
 June 5, 2001

 Inventor(s)
 De Chao YU, et al.

 Group Art Unit
 1635

Richard A. Schnizer

**SUBTOTAL** 

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**FEE CALCULATION (continued)** 1. ■ Applicant claims small entity status. Charge any **UNDERPAYMENT** or credit any **OVERPAYMENT** 3. ADDITIONAL FEES in the indicated fees to Deposit Account No. 50-1442. Large Entity Small Entity Fee Description Charge the indicated fees to Deposit Account No. 50-1442. Fee (\$) Fee Paid Fee Code Fee (\$) Fee 2. Check enclosed. Code 2051 65 Surcharge-late filing fee 1051 130 **FEE CALCULATION** or oath 1053 Non-English Specification 1053 130 130 **BASIC FILING FEE** Large Entity Small Entity Fee Description 1251 120 2251 60 1-mo. ext. of time 1252 450 2252 2-mo. ext. of time Code Fee Paid Code Fee \$ Fee \$ 1253 1020 2253 510 3-mo, ext. of time 1011 300 2011 150 Utility Fling Fee 1254 1590 2254 795 4-mo. ext. of time 200 2012 100 Design Filing Fee 1012 1255 2160 2255 1080 5-mo. ext. of time 2013 100 Plant Filing Fee 1013 200 500 2401 250 Notice of Appeal 2014 150 1401 1014 300 Reissue Filing Fee 200 2005 100 Provisional Filing Fee 1402 500 2402 250 Appeal Brief 1005 500 2111 250 Utility Search Fees 1403 1000 2403 500 Request for Oral 1111 2501 Utility/Reissue Issue Utility Examination Fees 1501 1400 700 700.00 1311 200 2311 100 Publication Fee 300.00 1504 300 **SUBTOTAL** \$0.00 3 Advance Copy of Patent 8001 3 8001 2. EXTRA CLAIM FEES 1806 180 IDS Submission 1806 180 tot. claims 20\* 0 \$25 = 0 Assignment Recordation 8021 40 3\* 0 \$100 0 8021 40 ind, claims х 1801 790 2801 395 For Filing RCE Multiple Dependent Claims \$180 1814 130 2814 Terminal Disclaimer **SUBTOTAL** 0 Other: 3. APPLICATION SIZE FEES Total # of Sheets # of Extra Sheets

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